## **Alzheimer Drugs Currently Available in the United States**

Donepezil (Aricept – Eisai, Aricept ODT – Eisai), Galantamine (Razadyne – Ortho-McNeil Neuro, Razadyne ER – Ortho-McNeil Neuro, generic), Rivastigmine (Exelon – Novartis), Tacrine (Cognex – Sciele)

AHFS 12:04 Parasympathomimetic (Cholinergic) Agents

Memantine (Namenda – Forest) AHFS 28:92 Central Nervous System Agents, Miscellaneous

The following tables provide a brief comparison of agents for Alzheimer disease currently marketed in the United States. Only single agent products are available for these agents.

Table 1. Brief Comparison of Agents for Alzheimer Disease<sup>1-16</sup>

Characteristics	Donepezil	Galantamine	Memantine	Rivastigmine	Tacrine
Brand name(s)	Aricept, Aricept ODT	Razadyne, Razadyne ER	Namenda	Exelon	Cognex
Generic available	Tablets: Yes* ODT: No	Tablets, IR: Yes Oral solution, IR: Yes* Capsules ER: Yes	Tablets: No Oral solution: No	Capsules: Yes* Oral solution: No Transdermal: No	Capsules: No
Latest Patent / Exclusivity Expiration	<ul> <li>Tablets: March 2019; generics are tentatively approved but not marketed</li> <li>ODT: November 2010</li> </ul>	Tablets, IR: expired; generics marketed  Oral solution, IR: December 2008; generics tentatively approved but not marketed  Capsules, ER: expired; generics marketed	<ul><li>Tablets: April 2010</li><li>Oral solution: April 2010</li></ul>	<ul> <li>Capsules: February 2014; generics tentatively approved but not yet marketed.</li> <li>Oral solution: February 2014; generics tentatively approved but not marketed</li> <li>Transdermal: January 2019</li> </ul>	Capsules: expired; no generics approved.
Dosage form and strengths	<ul><li>Tablets: 5 and 10 mg</li><li>ODT: 5 and 10 mg</li></ul>	<ul> <li>Tablets, IR: 4, 8, and 12 mg</li> <li>Oral solution 4 mg/mL, IR: 100 mL</li> <li>Capsules, ER: 8, 16, and 24 mg</li> </ul>	<ul> <li>Tablets: 5 and 10 mg</li> <li>Oral solution 2 mg/mL: 360 mL</li> </ul>	<ul> <li>Capsules: 1.5, 3, 4.5, and 6 mg</li> <li>Oral solution 2 mg/mL: 120 mL</li> <li>Transdermal: 4.6 mg/24 hr and 9.5 mg/24 hr</li> </ul>	• Capsules: 10, 20, 30, and 40 mg
Labeled use	Treatment of mild, moderate, or severe Alzheimer dementia in adults	Treatment of mild or moderate Alzheimer dementia in adults	Treatment of moderate or severe Alzheimer dementia in adults	Treatment of mild or moderate dementia associated with Alzheimer disease or Parkinson disease, in adults	Treatment of mild or moderate Alzheimer dementia in adults

Table 1. Brief Comparison of Agents for Alzheimer Disease (continued)

Characteristics	Donepezil	Galantamine	Memantine	Rivastigmine	Tacrine
Dosage regimen, adults	5 mg/day initially. Gradually titrate to 10 mg/day after 4 – 6 weeks. Give at bedtime.	IR tablets and oral solution: 4 mg BID initially. Gradually titrate to maintenance dose of 16 – 24 mg/day, given in divided doses BID.  Capsules, ER: 8 mg once daily initially. Gradually titrate to maintenance dose of 16 – 24 mg once daily.	5 mg/day initially. Gradually titrate to maintenance dose of 20 mg/day, given in divided doses BID.	Capsules and oral solution: 1.5 mg BID initially. Gradually titrate up as needed, to maximum of 6 mg BID.  Transdermal: 4.6 mg/24 hours initially. Gradually titrate up as needed to maximum of 9.5 mg/24 hours.	10 mg QID initially. Gradually titrate up as needed to a maximum of 40 mg QID.
Contraindications	Contraindicated in patients with hypersensitivity to the drug or related compounds (piperidine derivatives).	Contraindicated in patients with hypersensitivity to the drug or any ingredients in the product.	Contraindicated in patients with hypersensitivity to the drug or any ingredients in the product.	Contraindicated in patients with hypersensitivity to the drug, other carbamates, or any ingredients in the product.	Contraindicated in patients with hypersensitivity to the drug or acridine derivatives; and in patients with liver toxicity during prior tacrine therapy.
Monitoring Required	None	None	None	Monitor weight; adjust dose if weight loss occurs.	Monitor LFTs at baseline, every other week from week 4 – 16, then every 3 months. If LFTs increase, reduce dose or interrupt therapy and monitor more frequently until LFTs return to normal.
Pharmacology	-		,		
Acetylcholin- esterase Inhibitor	Yes	Yes	No	Yes	Yes
Butyrylcholin- esterase Inhibitor	No	No	No	Yes	Yes
Nicotinic Receptor Modulator	No	Yes	No	No	No
NMDA Receptor Antagonist	No	No	Yes	No	No
Pharmacokinetics					
Bioavailability	100% (tablets and ODT are bioequivalent)	90%	Well-absorbed	36 – 40%	17%, extensive first-pass effect
Time to Peak (hrs)	3 – 4	IR: 1 ER: 4.5 – 5	3 – 7	Oral: 1 Transdermal: 10 – 16	1-2

Characteristics	Donepezil	Galantamine	Memantine	Rivastigmine	Tacrine
Effect of Food on	None. Give without regard to	IR: Delays peak by 1.5 hours,	None. Give without regard to	Delays peak by 1.5 hours,	Reduces extent 30 – 40%.
Absorption	meals.	no effect on extent. Give with	meals.	increases extent 30%. Give	Give on an empty
		meals.		with meals.	stomach.
		ER: None. Give without regard			
		to meals.			
Volume of	12 L/kg	2.5 L/kg	9 – 11 L/kg	1.8 - 2.7  L/kg	4.98 L/kg
Distribution					
Protein Binding	96%, to albumin (75%) and	18%	45%	40%	55%
	alpha <sub>1</sub> -acid glycoprotein (21%)				
Metabolism	Hepatic: CYP2D6, CYP3A4,	Hepatic: CYP2D6, CYP3A4,	Hepatic: glucuronidation	Hydrolyzed by esterases	Hepatic: CYP1A2
	glucuronidation	glucuronidation			
Active Metabolites?	Two active metabolites	None	Minimal	None	Unknown
Excretion	Urine: 17% unchanged, 40% as	Urine: 32% unchanged, 12%	Urine: 57 – 82% unchanged	Urine: 97% as metabolites	Unknown
	metabolites	as metabolites		Feces: 0.4%	
	Feces: 15%				
Half-Life (hrs)	70	7	60 – 80	1.5	2 - 4
Duration of Effect	Unknown	3	Unknown	10	Unknown
(hrs)					

Abbreviations: ER = extended release; IR = immediate release; LFTs = liver function tests; NMDA = N-methyl-D-aspartate; ODT = orally disintegrating tablets.

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<sup>\*</sup> Generics are tentatively approved but not yet marketed.

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